

make it highly unlikely that it will be funded, these fellowships are designed to provide older Americans with ways to transition to careers in government and the nonprofit sector, where they can continue to earn salaries, find meaning in their work, and use their experience to improve communities. The legislation calls for each state to award 10, one-year fellowships to be administered by the Corporation for National and Community Service along with State aging commissions. Each fellow will get a stipend of \$22,000, half paid by the federal government and half by the host organization. In addition, the bill targets 10% of AmeriCorps funds to organizations that engage adults 55 and older. Thirdly, the Act creates "Silver Scholarships" that provide a \$1,000 higher education scholarship to older volunteers who contribute at least 350 hours of service per year. These scholarships are transferable to the to the recipients' children or grandchildren.

Existing State Programs Reviewed

The Council reviewed six existing civic engagement initiatives in Maryland: 1. Neighbors in Deed; 2. Senior Leadership Montgomery; 3. Experience Corps; 4. Legacy Leadership Institute on Public Policy; 5. Governor's Office on Service and Volunteerism; and 6. The National Governor's Association Policy Academy on Civic Engagement of Older Adults.

1. Neighbors in Deed

Neighbors in Deed is a \$1 million initiative funded by Atlantic Philanthropies, the Baltimore Community Foundation, the Helen R. Stulman Foundation, and the Weinberg Foundation to promote older adult volunteerism. The Baltimore Community Foundation (BCF) is one of nine community foundations nationally to implement the project as a part of the Atlantic Philanthropy Community Experience Partnership, a national initiative to connect older adults with meaningful volunteer and civic engagement opportunities that benefit their communities.

The three-year program, which began in Spring 2010, will recruit a total of 1200 volunteers to contribute 500,000 hours of volunteer activity. Their combined effort is valued at more than \$10 million over the three-year period. Specifically, the program will mobilize Baltimore area adults 50+ to work on effecting change in the neighborhood quality of five Baltimore City neighborhoods as well as Dundalk in Baltimore County.

2. Senior Leadership Montgomery

Senior Leadership Montgomery is for people 55+ who are retired, semi-retired or about to retire, ready to share their wisdom and talent with like-minded individuals who want to get involved, learn about resources, feel useful and give back to the community. Senior Leadership Montgomery is a dynamic learning experience highlighted by community action projects. During the sessions participants learn first-hand about issues and needs of the community and meet inspiring community leaders. Approximately 20-25 participants are selected for each class.

3. Experience Corps

Experience Corps, a 15 year old community-based senior service model, was designed to give

older adults meaningful, socially-valuable generative roles to: 1. Attract a large proportion of older adults; 2. Demonstrate that an aging society can address unmet societal needs, such as improving elementary school children's potential for academic success; 3. Be a vehicle for enhancing the cognitive, physical, and social health of older adults; and 4. Revise our social conceptions of appropriate roles and responsibilities of older ages (Freedman & Fried, 1997).

Experience Corps recruits, trains and places men and women 55+ as volunteers in public elementary schools, serving children in kindergarten through third grade. Experience Corps (EC) Baltimore City, in particular, is a product of the partnership, initiated by the co-designer of EC, Dr. Linda Fried, between the Greater Homewood Community Corporation (GHCC) and the Johns Hopkins Center on Aging and Health (COAH), and exemplifies how communities can benefit when academic institutions are involved with the design, implementation, and evaluation of a community development project. Started in 1998, GHCC was a local community non-profit involved in community development and organization as well as economic development with a strong focus on childhood education, while COAH was nationally known as a leader in research on healthy aging, and was primarily involved in large, longitudinal observational studies of older adults.

Overall, the EC model provides an effective vehicle for health promotion, effecting a compression of morbidity (via health outcomes affected) at a city-wide or community level. The benefits experienced could have broad population-based implications in terms of the health status of our aging population. Those most likely to benefit in the short term will be high-risk older adults, including urban African Americans and those with low socioeconomic status. The population-based benefits in health status resulting from EC participation can lead to a diminution in health disparities in older adults (Adler, 2003). In the longer term, potential benefits in health for older adults could be realized. With supplemental funding from the MacArthur Foundation, the cost-effectiveness of the Experience Corps is being measured. Documentation of the EC program's economic benefits not only with regard to compression of morbidity, but also to the participating schools and children is critical.

In addition, Experience Corps, as with other volunteer programs, are over-represented by older women, with older men being more difficult to engage into volunteer service. Understanding the ways in which to adapt Experience Corps and develop other social health promotion programs that appeal to older men on a large scale will be critical.

Through the interdisciplinary collaborations described above, existing infrastructure and resources were leveraged in cost-effective ways. Starting and sustaining a program like Experience Corps program will similarly require the sustained commitment of many stakeholders and the creation of strong partnerships with public and private organizations in the community.

4. Legacy Leadership Institute on Public Policy

The Legacy Leadership Institute on Public Policy (LLIPP) is designed to address the challenges facing the State of Maryland and residents 50+ who are seeking new careers as Legacy Service Leaders during retirement. LLIPP provides university-based educational opportunities that

combine lifelong learning with meaningful civic engagement. LLIPP's mission is to prepare older persons to serve as multigenerational ambassadors who are committed to preserving the wisdom of the past, applying knowledge to community needs in the present, and transferring these gifts to future generations.

Legacy Leaders are invited to apply and are interviewed in the summer. During the fall, Legacy Leadership prepares leaders with sixty-four hours of instruction over eight weeks at the Riverdale campus of the University of Maryland. Sessions are conducted by university faculty, and invited affiliated faculty from the Maryland state government, legislators, mayors, municipal government representatives, legislative aides and other staff experts.

Legacy leaders are matched prior to the opening of the Maryland legislative session with government and nonprofit sector officials who serve as on-site mentors. Since its inception in 2001, the LLIPP has placed approximately 30 participants in the Maryland legislature annually for its 90-day session.

5. Governor's Office on Service and Volunteerism

The Governor's Office on Service and Volunteerism (GOSV) promotes and supports volunteerism in Maryland by working in partnership with the Maryland Volunteer Center Network. Through the combined efforts of supporting traditional volunteerism and national service programming, the GOSV provides solutions to Maryland's most pressing needs in the areas of education, safety, health, and the environment.

6. National Governors' Association Policy Academy on Civic Engagement of Older Adults

The State of Maryland was one of six states (Idaho, Illinois, Maryland, Massachusetts, New York, and Pennsylvania) chosen by the National Governor's Association to participate in the Policy Academy on Civic Engagement of Older Adults. The Maryland team identified three major goals: Greater labor market participation among older Marylanders; Greater participation by older Marylanders in volunteer activities; and Greater participation by older Marylanders in lifelong learning activities.

On September 16, 2010, the Maryland Department of Aging (MDoA), and the GOSV held the Governor's Summit on Civic Engagement. The goals of the summit included: 1. Promoting the value of community service; 2. Identifying and engaging stakeholders; and 3. Creating a sustainable infrastructure.

The summit served to extend the work of the Policy Academy by bringing together a large cross-section of stakeholders to shape Maryland's strategies for achieving the goals of the Policy Academy.

C. Boomer Community Partnership Models

Identification of the Issue

Several states, including Maryland, have begun to recognize the need for developing models that engage multiple stakeholders to plan for livable communities with the coming “age wave.” AARP defines a livable community as one that has affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and the engagement of residents in civic and social life.

Models for Livable Communities and Aging-in-Place address the needs of boomers as they choose to age and remain in the communities where they currently reside. For example, both Topretirements.com and the magazine “Where to Retire” already rate Annapolis as one of the top places to retire. As the Boomers who already live in Maryland, and others who choose to retire in this state, age both the quality of life and the ability to support this aging cohort will have important implications for business, government, housing, transportation, workforce, and technology.

Simply put, 'aging-in-place' means being able to grow older without having to move, staying in a familiar community, with people one knows. It is possible to stay in one's present home as long as possible and still get the care and support one needs. A recent AARP study revealed that 89% of homeowners (over the age of 45) prefer to remain in their homes. Additionally, statistics say that where one lives at age 65 will remain one's domicile (in 70% of cases reported).

Existing State Models Reviewed

The Council reviewed five community partnership models: 1. Maryland Communities for a Lifetime; 2. Village to Village; 3. Cohousing; 4. Gray Shore – The 50+ Network for Creative Engagement; and 5. Older Dominion Partnership. While the first three models addressed below focus on Boomers' desire to “age-in-place,” the fourth and fifth models extend their “reach” to include other pertinent aspects of Boomer aging.

1. Maryland Communities for a Lifetime

The model of the Maryland Communities for a Lifetime (MCFAL) was developed by a Commission originally under SB 611/HB 605, Statewide Empowerment Zones for Seniors Commission in 2007 and then extended under SB31 during this past legislation period where it was renamed to MCFAL to recognize that “communities that support aging in place are good communities for residents of all ages and good for residents *as they age*.” There is currently no funding for this initiative.

Based on the findings of a literature review, interviews with state and national aging in place experts, and its own deliberations, the Commission recommended that Maryland adopt a modified version of Florida's Communities for a Lifetime program as a model for its statewide initiative. The decision was based on the fact that Florida's model encourages *all* communities in the state to assess the needs of their older adult residents and to develop plans that address the

gaps in current services and delivery systems. The MCFAL model would provide a means for where communities would get certified as aging in place communities based on their plans that would require the following specific elements: 1. Affordable, accessible and appropriate housing; 2. Adequate mobility options; 3. Health prevention and supportive services; and 4. Social and civic engagement opportunities.

2. Village to Village

The Village to Village Movement is membership-driven and builds service networks within communities as an alternative to moving from their houses to retirement or assisted living communities. Villages are nonprofit 501 (c)(3) organizations based on the Beacon Hill Village model created in 2001 by a group of long-time Beacon Hill residents. Since 2001, over 50 Villages have already formed across the nation and several hundred are in the process of forming (vtovnetwork.clubexpress.com).

The additional safety net provided in the Village Model can be cost effective for cash strapped state and local governments. They have already established a nationwide network with funding opportunities. Boomers will help stabilize the tax base if they continue to live in their communities (versus moving out of state). This concept is a leading national innovation in the aging arena.

Each Village is consumer driven, and may include concierge services, health and wellness, transportation, social and cultural opportunities, and discounts. Every Village is different depending on location and membership wishes.

These grass roots organizations are changing the social service model of aging services delivery. The pioneers in the villages are no longer content to "take what is being offered" by government and traditional aging organizations, but instead are "asking for the services they need", and getting it delivered in the way they want. Boomers are a generation who are used being in charge and will pay for services that they need. There are already 15 operating Villages in the D.C. Metro Area including 6 Villages in Maryland. Elinor Ginzler, senior vice president for livable communities at AARP who did a study on the D.C. Metro Villages said that it's "an emerging trend that we think will continue to gain traction over time."

Villages in Maryland include: Chevy Chase at Home, Chevy Chase, MD (open); Homeports, Chestertown, MD (open), Village at Home, Baltimore, MD (in development); Takoma Metro Village, Takoma Park, MD (in development); CNF, Baltimore, MD (in development); and Home Chesapeake, Anne Arundel County, MD (open) (vtovnetwork.clubexpress.com).

3. Co-Housing

Cohousing communities offer nurturing places where people of all ages grow and age well. Cohousing is a type of collaborative housing in which residents actively participate in the design and operation of their own neighborhoods. Cohousing residents are consciously committed to living as a community. The physical design encourages both social contact and individual space. Private homes contain all the features of conventional homes, but residents also have access to

extensive common facilities such as open space, courtyards, a playground and a common house. The need for community members to take care of common property builds a sense of working together, trust and support. Because neighbors hold a commitment to a relationship with one another, almost all cohousing communities use consensus as the basis for group decision-making.

Co-housing communities in Maryland include: 1. Eastern Village Co-housing, Silver Spring, (completed, 2004); 2. Greenhouse Group Senior Co-housing, Annapolis (forming); 3. Liberty Village (building); and 4. Potomac Valley Co-housing (forming).

4. Gray Shore (The 50+ Network for Creative Engagement)

The 50+ Network for Creative Engagement (NCE) is a coalition being launched by the Area Agency on Aging, Maintaining Active Citizens (MAC), the Business, Economic, and Community Outreach Network (BEACON) at Salisbury University with its GraySHORE Initiative, and both Wor-Wic Community College, and the University of Maryland Eastern Shore. As it grows, the network will add more community-based organizations to bring together a wide variety of stakeholders ranging from educational institutions, health care and community organizations, and non-profits to a wide variety of service providers from the sports, leisure, and recreational sectors. The planning phase of this initiative is being funded by the Community Foundation of the Eastern Shore.

This coalition seeks to do the following for the 50+ population: 1. Provide for their interests and capabilities; 2. Tap into their potential; 3. Create a hub for engaging them in the civic life of their communities; 4. Engage them to actively participate in the development and expansion of the NCE network; and 5. Introduce them to the amenities that the Shore can offer them and initiate new ones such as continuing education opportunities, special programs, and volunteer opportunities.

5. Older Dominion Partnership

Crafted in 2007 as a cross section coalition of stakeholders in Virginia, the Partnership was established by an "all volunteer" cadre of interested and concerned business, government, and individuals to address Boomer Aging. The following is information taken from the ODP Website (olderdominion.org).

"The Older Dominion Partnership is a nonprofit created in 2007 by a cross section of community leaders coming from business, health systems, and non-profits. The ODP serves as an inspiration, catalyst, and independent platform for networking, collaborating, planning, and potential funding partner for the ODP members. The overarching goals of the ODP are to 1) build awareness of the coming age wave and its potential impact on the Commonwealth; 2) broaden stakeholders who want to prepare for this demographic shift; 3) help facilitate the creation and advancement of a community-driven, overall strategy to accelerate Virginia's age wave preparedness; 4) support ODP members through strategic coordination and possible alignment of funding

sources; and 5) document and report on Virginia's progress in preparing for the age wave.

Goals of the ODP

1. *Broaden pro-aging stakeholder group and support base beyond the age-related service agencies and academic constituents to include the Commonwealth's leading corporations, governmental policy makers, elected officials, and philanthropic community.*
2. *Formulate a comprehensive long-term strategy to help the Commonwealth prepare for the coming age wave. Provide research-based information to serve as a rallying point/common ground to unify stakeholders behind a shared vision of a future where our aging population is an asset rather than a liability.*
3. *Elevate the overall awareness and importance of age wave preparedness. Over the past two decades, quality of life has risen in importance to the point that it is now one of the major drivers in business location decisions. Quality of life is a "catch all" phrase for how residents rate a place to live – their own quality of life when it comes to access to education, healthcare, recreational, and cultural amenities. As America's senior population doubles and care-giving responsibilities expand exponentially, we can expect age-related issues and services to become more important in the quality of life equation.*

D. Boomer Health Issues

Identification of the Issue

The Council believes it is necessary to look at Baby Boomer health factors as this huge demographic is beginning to retire. In addition, as Boomers constitute the largest age demographic in the country's history and as they continue to get older, they will also continue to need ever increasing levels of healthcare. While the Council acknowledges that the health of aging Boomers is not within the Council's charge, health conditions will be a major factor in the ability of Boomers to continue to work or become involved in civic engagement activities. For Boomers who require long term support services, it will cost the state to provide such services to those who cannot pay out of pocket, through either general funds or Medicaid. It is in the State's best interest to encourage the Boomer population to engage in healthy lifestyles, encompassing diet, exercise, and social/civic activities.

Baby Boomers will also face a new set of challenges in order to stay healthy longer. They are part of the "sandwich generation," caring for both their parents and children. Older Boomers have fewer children to care for them, and more of their children are divorced and living at great distances. People will have to maintain their health for longer periods of their life in order to be able to function effectively.

With Baby Boomers now beginning to reach their mid-sixties, there will be a surge of age-related diseases, such as Alzheimer's disease (AD). Given the current and projected health care costs associated with managing AD, population-based strategies that can even modestly shift the

clinical onset and course by 6 months to 1 year have tremendous potential to reduce the burden at the level of the individual, the family, and society (Brookmeyer, et al., 2007). In order for such a public health strategy to have high impact, it would particularly need to target those historically at greater risk for cognitive impairment; namely, those with low education, minority populations, and those with socioeconomic disadvantage and limited access to health care. The consequences of these factors would be to increase health disparities into later ages unless programs can explicitly target these populations. At present, there are limited opportunities for such widely encompassing and effective cognitive interventions.

IV. PLANS FOR THE COUNCIL MOVING FORWARD

The Council has five objectives for 2011: 1. Engage the business community in proposed and/or ongoing Boomer initiatives; 2. Enlisting support from the Governor's Workforce Investment Board (GWIB); 3. Further study of the health and social benefits derived from Boomer Initiatives described in this report; 4. Working with local universities to determine economic and social impact of older workers in Maryland; and 5. Engage in more in-depth study of Maryland and other state Boomer initiatives of interest. These objectives are described in more detail below.

1. **Engage the business community.** Economic development agencies at all levels should incorporate the issue of an aging workforce and the imminent retirement of the Baby Boomer generation into their "business retention" discussions with Maryland businesses. The Department of Business and Economic Development (DBED) and its partner economic development agencies should improve their awareness of the issue through increased dialogue with experts on the subject and by specifically engaging businesses on the issue.
2. **Enlist support and solicit involvement from the Governor's Workforce Investment Board (GWIB)** GWIB is the chief policy-making body for workforce development in Maryland. The GWIB needs to be involved with the Baby Boomer Initiative Council going forward, either informally or as an appointed representative. The GWIB is responsible for developing policies and strategies to form a coordinated workforce system from a variety of education, employment and training programs. It brings together and focuses various workforce development partners and stakeholders on two key outcomes – a properly prepared workforce that meets the current and future demands of Maryland employers, and providing opportunities for all Marylanders to succeed in the 21st century workforce.
3. **Study and document the health and social benefits derived from the active engagement of boomers in intergenerational, lifelong learning, and civic engagement activities.**
4. **Representatives of the Johns Hopkins University, in collaboration with the University of Maryland, will determine the feasibility of initiating a study to better understand the economic and social impact of older workers' roles in the economy as well as the community.**

5. **Learn from the experience of other Maryland models or other state initiatives, such as Virginia's Older Dominion Partnership.** The Council will invite thought leaders to learn about existing models both within the state and outside in order to develop a marketing outreach model encompassing Maryland businesses, non-profits, and state agencies.

V. APPENDICES TO THE REPORT

- I. List of Council Members
- II. Descriptive Analysis of MD Baby Boomers (Appendix Tables 1-8)

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